



Borough of Taunton.

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# ANNUAL REPORT

of the

SCHOOL MEDICAL OFFICER

to the

EDUCATION COMMITTEE

For the Year ending 31st December, 1934.

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TAUNTON:

Hammett & Co., Printers, 5b, Hammet Street,  
1935.





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# Report of the School Medical Officer.

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PUBLIC HEALTH & SCHOOL MEDICAL DEPT.,  
ST. PAUL'S HOUSE,  
PARK STREET,  
TAUNTON,

7th February, 1935.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, MADAM AND GENTLEMEN,

I have the honour to submit to you my report for the year 1934 which has been compiled to comply with the requirements of the Board of Education in Form 6M.

The School Medical Service now provided is almost as complete as it is possible to make it under present circumstances except as regards Dental Treatment in that a complete round of the schools takes fourteen months instead of twelve months and the treatment is not available for children under five years of age.

As regards infectious disease Diphtheria was unduly prevalent in December, and I regret that lack of time has rendered it impossible for me to carry out a scheme for immunisation against this disease.

The operation of the scheme under the Children and Young Persons Act, 1933, whereby reports are prepared for the Special Panel of Justices on children and young persons has caused a considerable increase in the work which also has to be done at very short notice.

I gratefully acknowledge the valuable assistance given by the Teachers, the Voluntary Associations and all those associated with Education in the Borough.

I am,

Your obedient Servant,

JOHN ALLEN,

*School Medical Officer.*



# Report of the School Dental Officer

## For the Year 1934.

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MR. CHAIRMAN, MADAM AND GENTLEMEN,

I have the honour to present my Annual Report, which is as follows:—

The good attendances made at the Clinic in past years have been maintained, and totalled 2,936. The number of half days devoted to this treatment was 226; thus the average attendance per session was 13.

During the whole year 2,826 appointments were sent out, and of these 2,183 were kept, making an attendance of 77%. The number of children inspected was 1,847 and the general condition of their mouths was found to be very good.

The number of permanent fillings was	.....	1,013
The number of temporary fillings was	.....	448
Extractions	.....	1,322
Special cases totalled	.....	604

The last complete round of the schools, immediately prior to their re-organisation, occupied 12 months, during which time the children inspected totalled 2,412.

The last complete round occupied 14 months, the children inspected totalling 2,745, an increase of 333 children. These extra numbers, together with the larger number of specials treated (120 over last years total) are no doubt responsible for the longer period taken to complete the last round of the schools.

The number of "follow-up" notices sent out was 248, of which 95 attended.

Receipts for treatment totalled £11 10s. 6d.

I have the honour to be

Your obedient servant,

ARTHUR J. PERCY, L.D.S.,

*School Dental Surgeon.*

# ANNUAL REPORT

of the

## School Medical Officer

For the Year ended 31st December, 1934.

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### ACCOMMODATION IN PUBLIC ELEMENTARY SCHOOLS.

The average number on the roll during the year ending 21st December was 3,190.

The average attendance was 2,977, being a percentage attendance of 93.92.

#### 1. STAFF.

This was given on pages 2 and 5 of my report for 1932, and remains unchanged.

#### 2. CO-ORDINATION WITH OTHER SERVICES.

This was described on page 6 of my report for 1932. It has not yet been possible to provide dental treatment for children under 5 years of age.

## THE SCHOOL MEDICAL SERVICE in relation to PUBLIC ELEMENTARY SCHOOLS.

### 3. SCHOOL HYGIENE.

A survey of the sanitary condition of all schools was made in April and May.

St. Andrew's Infant School suffers from lack of adequate natural light and is ill ventilated. It does not conform structurally to modern requirements as an Infant School.

In St. John's, the older part of the building is dark and ill ventilated.

#### **School Baths.**

A Junior Swimming Pool was opened at the Public Baths on the 7th May, and provides increased facilities for children to learn swimming. It is 45 feet long, 18 feet wide, and has a depth of 5 feet at the deep end, diminishing to a depth of 3 feet at the shallow end. It is connected with the filtration and chlorinating plant.

It is open to children under 14 years after school hours and during holidays at a charge of one penny.

These increased facilities to learn swimming must have a most beneficial effect on the physique of the children who take advantage of it.

### 4. MEDICAL INSPECTION.

This was carried out on the school premises in all the schools. Sixty visits were made for routine inspection, and fourteen for re-inspection and following-up.

Three age groups were examined at the routine inspection (1) as soon as possible after entry (2) on attaining the age of 8 years, and (3) on attaining the age of 12 years. The total number examined in these three groups was 1,066, while 77 who were not included in these groups, but for whom no records were available, were also examined.



## 5. FINDINGS OF MEDICAL INSPECTION.

These are given in tabular form on pages 16 to 25 and call for no particular comment.

## 6. FOLLOWING-UP.

The number of re-examinations of children with defects needing treatment or requiring observation was 4,640. Of these, 938 were re-examined in the schools and 3,502 at the School Clinic.

## 7. ARRANGEMENTS FOR TREATMENT.

The parent of a child with a defect needing treatment may obtain it from any of the following sources:—

1. The Medical Practitioner.
2. The Taunton and Somerset Hospital—
  - (a) Contributory Scheme.
  - (b) Recommend.
  - (c) Through the Local Education Authority for Tonsils and Adenoids or Ringworm of the Scalp.
3. Medical Officer of the Public Assistance Committee.
4. The Tuberculosis Dispensary of the Somerset County Council through either (a) Private Doctor  
or (b) School Medical Officer.
5. School Clinic for:—
  - (a) Minor Ailments.
  - (b) Dental defects or diseases.
  - (c) Defective sight.
6. Orthopædic Clinic of the S.C.C. through the School Medical Officer.
7. Artificial Sunlight Clinic through the School Medical Officer.

### **The Minor Ailment Clinic.**

This is open during the school term each morning at 9 a.m. including Saturdays, and is open during school holidays as occasion demands. As School Medical Officer, I attend on Tuesdays and Fridays from 9.15 a.m. to 11 a.m. The total number of attendances for the year for minor ailments was 10,768, the largest attendance ever recorded.

### **The Eye Clinic.**

Dr. Hawker, the ophthalmologist, paid 10 visits of two sessions each, and examined 200 children.

### **Artificial Sunlight Clinic.**

Treatment was given twice a week until December 3rd, when it was changed to thrice a week, and will be given only during the months of October, November, December, January, February, March, April and May. By this change it will be possible to give more intensive treatment during the months of the year when it is most needed.

The number of clinics held was 95, and the total attendances numbered 2,481, of which 683 were made by school children. Each child attending is examined by me once every four weeks, and more frequently if necessary. The number of school children receiving treatment was 33. Of these, 14 completed the course of treatment, 12 were still undergoing treatment at the end of the year, and 7 either failed to attend or did not complete the course.

The results of treatment in the fourteen who completed the course were:—

		No. of Cases.	Average No. of exposures per case.	
Group I.	General Debility	8	28.8	All shewed great improvement.
Group II.	Nervous Type	1	25	Improved.
Group III.	Skin Diseases	1	59	Healed.
Group IV.	Tuberculous glands and Skin	1	36	Healed. Sl. Imp.
Group V.	Chilblains	..... 2	23.5	Healed.

## 8. INFECTIOUS DISEASES.

Action taken to detect and prevent the spread of infectious diseases. The two School Nurses are also the Attendance Officers; this combination of duties is of the greatest assistance in the early discovery of infectious disease. They report to me at once any children whom they suspect to be suffering from infectious disease and without any doctor in attendance. I then visit to confirm the diagnosis.

In this way many cases of infectious disease which might otherwise go unrecognised are reported, and proper steps are taken to deal with the case.

Cases of infectious disease notified in children who were between the ages of 3 and 15 years were:—

Scarlet Fever	.....	.....	.....	.....	33
Diphtheria	.....	.....	.....	.....	37
Measles	.....	.....	.....	.....	5
Pneumonia, Influenzal or Acute Primary	.....				5
Erysipelas	.....	.....	.....	.....	1

Contacts of these attending public elementary schools were excluded in accordance with the recommendations made in the joint Memorandum issued by the Ministry of Health and the Board of Education. I have not advised the closure of any school or class on account of infectious disease.

## 9. OPEN-AIR EDUCATION.

(a) Playground Classes. Most of the schools hold classes in the playgrounds when the weather and the nature of the lesson permit.

(b) Open-air Classrooms. There are none.

(c) School Journeys and Camps. There were no school journeys nor were any children sent to camp, but several children were sent to Convalescent Homes at Weston-super-Mare and Exmouth through the agency of the Rotary Club and a sum left at the disposal of the Mayor.



**10. PHYSICAL TRAINING.**

There is no Organiser for Physical Training for the Area. A course in this subject was held in the Town by the Somerset County Education Committee at your request, and was attended by teachers in the Town. Children attending school and between the age of 8 and 14 years visit the Junior Swimming Pool at regular intervals for instruction in swimming. This is of the greatest benefit to the children attending.

**11. PROVISION OF MEALS.**

No meals were provided. A voluntary scheme for the provision of milk in bottles of one-third pint has been in operation throughout the year. The milk was supplied by two retailers but owing to the unsatisfactory reports on the samples taken from one retailer, the permit to supply was withdrawn on the 10th October. The reduction in price under the scheme of the Milk Marketing Board approved by the Minister of Agriculture, whereby the price of a bottle of one-third pint was reduced to one halfpenny on the 1st October, resulted in a 50% increase in the consumption of milk in schools. A scheme was also devised at the end of October for the provision of milk free of cost to children who were unable, by reason of lack of food, to take full advantage of the education provided for them. Under this scheme a bottle containing one-third pint will be provided in the morning and again in the afternoon session.

**12. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.****Parents.**

Parents are invariably invited to attend the routine medical inspection of their children in the schools, and everything possible is done to encourage this, such as punctuality in attendance, and the examination of different children of the same parent at one time. Parents attended the examination of 80.6% of the children examined.



**Teachers.**

The co-operation of the teachers is invaluable. Many of them are present at the medical inspection, particularly of the infants and juniors, and I depend on them for the early notification of children with defects in need of immediate treatment, also for the notification of parents regarding the date and time of medical inspection, and the transmission to me at the end of each month of the names of all children admitted to or discharged from their schools.

**School Attendance Officers.**

The two School Nurses are also the only School Attendance Officers, and one of them is present at the medical inspection. Their visits to the homes of children absent from school have more value owing to their particular training and experience than that of a male Officer, and they are able to recognise disease needing immediate medical treatment, and see that the parents obtain this. The fact that the percentage attendance was 93.32 shews that the combination of duties is most successful. It is, however, arduous work, particularly during the winter months.

**Voluntary Bodies.**

The following Voluntary Associations co-operate in work for the Welfare of the School Child:—

The Taunton and District Tuberculosis Care Committee, who have continued to render assistance to the tubercular or pre-tubercular child by the provision of extra nourishment in various forms, and of clothing to those going to Sanatoria or Residential Open-air Schools.

The Voluntary Section of the Orthopædic Clinic under the direction of Mrs. Scott, who assist by the preparation of cases and material, by clerical work, and the provision of transport.

Artificial Sunlight Clinic. Two ladies have attended in turn. They prepare the children and assist in keeping the records,

Somerset Association for Mental Welfare. The Taunton Branch of this Association maintains an Occupation Centre for the training of lower grade mental defective children, which is open five days a week to correspond with the public elementary schools.

The Rotary Club. The Taunton Branch have sent and maintained several boys between the age of 8 and 14 years at the Rotary Convalescent Home at Weston-Super-Mare.

### **13. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

(a) I depend for the ascertainment of children suffering from any of these defects very largely on reports by the School Nurses or Health Visitor.

(b) Mentally Retarded Children.

Thirty-four children who were between seven and fourteen years of age were specially examined on account of backwardness. This examination was done after notification of the parents, and takes some considerable time to complete. The tests used were fully described on page 14 of my report for 1933. Of the children examined two were found to be normal; two to be backward; eleven to be dull; nine were referred for further examination after a suitable period; nine were found to be feeble-minded and certified as such and one found to be imbecile and was notified as such to the Mental Deficiency Acts Committee of the Somerset County Council.

Two feeble-minded girls and one feeble-minded boy were sent to Special Residential Schools, while one feeble-minded boy and one feeble-minded girl who were in Special Residential Schools and had attained the age of 16 years were notified to the Somerset County Council Mental Deficiency Acts Committee under Article IV of the Mental Deficiency (Notification of Children) Regulations, 1928.

One feeble-minded boy who was also partly blind was, with the formal consent of the Board of Education, notified under Article III of the Mental Deficiency (Notification of Children) Regulations to the Somerset County Council Mental Deficiency Acts Committee, while a feeble-minded girl who also suffered from severe epilepsy was notified to the Somerset County Council Mental Deficiency Acts Committee under Article II of these Regulations.

There are four feeble-minded children who have left a public elementary school on attaining the age of 14 years, but who are under 16 years of age, and there are also four feeble-minded children who have left a public elementary school, and have been sent by their parents to a private school.

These eight children are visited at regular intervals, by the School Nurses, and reports made on their condition and circumstances.

## **15. NURSERY SCHOOLS.**

There are no nursery schools in the area, but it would be of great advantage if one could be provided to take children from the Lambrook Area, particularly in view of the fact that the nearest schools to this area—Priory and Trinity—are full.

## **16. PARENTS PAYMENTS.**

No charge is made for attendance at the Minor Ailments Clinic, the Orthopædic Clinic, or the Eye Clinic.

A charge of 1/- per year is made for Dental Treatment to those who can afford to pay.

As regards the provision of spectacles, orthopædic appliances, treatment in the Orthopædic Hospital at Bath and operative treatment for Tonsils and Adenoids, these are only provided free or at part of the cost, when the parents submit an income statement shewing the total income from all sources, the number in family, and the rent paid.



**17. HEALTH EDUCATION.**

I regret that lack of time has made it impossible to co-operate in the teaching of health in the schools.

**18. SPECIAL INQUIRIES.**

No Special Inquiries were made.

**19. MISCELLANEOUS.****Employment of Children.**

Eighteen boys aged 12 to 14 years were medically examined as to their fitness for employment as errand boys or for the delivery of newspapers to customers. Sixteen of these were found to be fit for the proposed employment. Those employed are re-examined from time to time to see that they are still fit and that the employment has no harmful effect.

**Foster Children.**

The two School Nurses act as Visitors to foster children between 5 and 9 years of age, and report to me as Infant Life Protection Officer for all Foster Children. At the beginning of the year there were nine children between 5 and 9 years of age under their supervision. At the end of the year the number under their supervision was five.

It was not necessary to take proceedings in respect of any of this group.

**Adoption of Children Act, 1926.**

The Education Committee have been appointed as Guardians (*ad litem*) for the purpose of applications for adoption under the above. I have made a report under Article VI of the Adoption of Children (Summary Jurisdiction) Rules, 1926, on one application. A Recommendation was made that the Application be granted, and this was approved.



**Children and Young Persons Act, 1933.**

Part III. The Scheme whereby the School Medical Officer acts as a liaison Officer for the co-ordination of the various persons concerned in obtaining the necessary information for the Special Panel of Justices has been in operation throughout the year. Information was required in respect of 19 children and 8 young persons. In 9 of these the information was obtained for the Education Committee of the Somerset County Council, and in 18 for the Education Committee of the Borough.

In two cases where children were to be sent to approved Schools, there was considerable difficulty in securing vacancies.

**TABLE I.—Return of Medical Inspections in 1934.**

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—					
Entrants	.....	.....	.....	.....	360
Intermediates	.....	.....	.....	.....	333
Leavers	.....	.....	.....	.....	373
Total					1,066
Number of other Routine Inspections	.....	.....	.....	.....	77
Total Routine Inspections					1,143

B. OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	.....	1,035
Number of Re-inspections	.....	.....	.....	4,640
Total				5,675

**TABLE II.**

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31st DECEMBER, 1934.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Number of Defects.		Number of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition	.....	.....	.....	4	0	17	0
	Uncleanliness	.....	.....	.....	12	0	3	0
	(See Table IV., Group V.)							
	Ringworm:							
	Scalp	.....	.....	.....	0	0	0	0
	Body	.....	.....	.....	1	0	3	0
	Scabies	.....	.....	.....	0	0	1	0
	Impetigo	.....	.....	.....	2	0	64	0
Eye	Other Diseases (Non-Tuberculous)				16	1	618	0
	Blepharitis	.....	.....	.....	0	0	1	0
	Conjunctivitis	.....	.....	.....	1	0	14	0
	Keratitis	.....	.....	.....	0	0	3	0
	Corneal Opacities	.....	.....	.....	0	0	1	0
	Defective Vision (excluding Squint)	.....	.....	.....	39	28	8	2
	Squint	.....	.....	.....	7	20	6	0
	Other Conditions	.....	.....	.....	2	3	25	0
Ear	Defective Hearing	.....	.....	.....	5	4	8	0
	Otitis Media	.....	.....	.....	6	1	30	0
	Other Ear Diseases	.....	.....	.....	0	1	11	0
Nose and Throat	Enlarged Tonsils only	.....	.....	.....	29	27	9	0
	Adenoids only	.....	.....	.....	7	0	2	0
	Enlarged Tonsils and Adenoids	.....	.....	.....	6	3	3	0
	Other Conditions	.....	.....	.....	4	0	23	0
Enlarged Cervical Glands (Non-Tuberculous)					12	6	23	0
Defective Speech					0	6	0	0
Teeth					9	0	17	0
(See Table IV., Group IV.)								

**TABLE II.**—*Con.*

		(1)	(2)	(3)	(4)	(5)
Heart and Circulation.	Heart Disease:					
	Organic .....		3	10	4	0
	Functional .....		1	3	0	0
	Anæmia .....		7	0	6	0
Lungs	Bronchitis .....		3	0	15	0
	Other Non-Tuberculous Diseases		1	3	0	0
Tuber- culosis	Pulmonary:					
	Definite .....		0	9	1	1
	Suspected .....		3	1	5	0
	Non-pulmonary:					
	Glands .....		0	3	1	0
	Spine .....		0	0	0	0
	Hip .....		0	0	0	0
	Other Bones and Joints .....		0	1	0	0
	Skin .....		0	0	1	0
Nervous System	Other Forms .....		0	0	1	0
	Epilepsy .....		0	1	2	0
	Chorea .....		0	0	7	0
	Other Conditions .....		6	22	6	6
Deformities	Rickets .....		6	16	5	0
	Spinal Curvature .....		15	0	1	0
	Other Forms .....		7	16	7	0
Other Defects and Diseases .....			8	10	145	13

**B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).**

Group.	Number of Children		Percentage of Children found to require treatment
	Inspected.	Found to require treatment	
(1)	(2)	(3)	(4)
Code Groups:			
Entrants .....	360	71	19.7
Intermediates .....	333	59	17.7
Leavers .....	373	40	10.7
Total (Code Groups) .....	1,066	170	15.9
Other Routine Inspections .....	77	10	13.0



**TABLE III.**

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA  
ON 31st DECEMBER, 1934.

No child is entered under more than one heading.

**CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**

Blindness (NOT Partial Blindness).

Deafness (NOT Partial Deafness).

Mental Defect.

Epilepsy.

Active Tuberculosis.

Crippling.

Heart Disease.

Mental Defect and Epilepsy—at no School ..... 1

**BLIND CHILDREN.**

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

Enter in this Section only children who are so blind that they can only be approximately taught in a school for blind children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

**PARTIALLY BLIND CHILDREN.**

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elemen- tary Schools.	At other Institu- tions.	At no School or Institu- tion.	Total.
1	—	7	2 *	1	11

\* Private Schools.

**TABLE III.—Con.****DEAF CHILDREN.**

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

**PARTIALLY DEAF CHILDREN.**

Enter in this Section only children who can appropriately be taught in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elemen- tary Schools.	At other Institu- tions.	At no School or Institu- tion.	Total.
—	—	6	—	—	6

**MENTALLY DEFECTIVE CHILDREN.****FEEBLE-MINDED CHILDREN.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
15 (a)	10	4 (b)	4 (c)	33

(a) 11 of these are maintained by L.E.A. and 4 by S.C.C.

(b) All attend private schools.

(c) Of these 4 are over 14 and under 16 years of age and have left school.

TABLE III.—*Con.***EPILEPTIC CHILDREN.**

## CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

**PHYSICALLY DEFECTIVE CHILDREN.**

## A. TUBERCULOUS CHILDREN.

## I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
1	—	—	1	2

## II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category should include tuberculous of all sites other than those shown in (I.) above).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	1	—	—	1

TABLE III.—*Con.*

## B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	128	1	7	136

## C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	20	—	4	25

## D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	4	1	7	12



**TABLE IV.**

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED  
31st DECEMBER, 1934.

## TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE  
GROUP V.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
SKIN			
Ringworm-Scalp .....	1	0	1
Ringworm-Body .....	5	0	5
Scabies .....	1	0	1
Impetigo .....	79	0	79
Other Skin Diseases .....	71	4	75
MINOR EYE DEFECTS—			
External and other, but exclu- ding cases falling in Group II	47	5	52
MINOR EAR DEFECTS—	82	2	84
MISCELLANEOUS			
(e.g., minor injuries, bruises, chilblains, etc.) .....	775	47	822
Total .....	1,061	58	1,119

TABLE IV.—*Con.*

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint, but not including operations) .....	171	1	0	172
Other Defects or Diseases of the Eyes (excluding those recorded in Group I.)— .....	17	1	0	18
Total .....	188	2	0	190

Total number of children for whom spectacles were prescribed—  
    (a) Under the Authority's Scheme ..... 106  
    (b) Otherwise ..... 0  
Total number of children who obtained or received spectacles—  
    (a) Under the Authority's Scheme ..... 86  
    (b) Otherwise ..... 2

GROUP III.—TREATMENT OF DEFECTS OF THE NOSE AND THROAT.  
NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
	1			10	1	7	1	10	2	7	1	19	39

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.  
(iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total Number treated.
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
No. of children treated	8		41		3		44

TABLE IV.—*Con.*

## GROUP V.—DENTAL DEFECTS.

## 1. Number of Children who were:—

## (a) Inspected by the Dentist:

## Aged:

Routine Age Groups	5	.....	.....	170	Total	.....	1,847
	6	.....	.....	169			
	7	.....	.....	196			
	8	.....	.....	220			
	9	.....	.....	224			
	10	.....	.....	195			
	11	.....	.....	177			
	12	.....	.....	225			
	13	.....	.....	257			
	14	.....	.....	14			
Specials	.....	.....	.....	.....	.....	.....	604
Grand Total							2,451
(b) Found to require treatment							1,249
(c) Actually treated							1,112
(d) Re-treated during the year as a result of periodical re-examination							299

2. Half-days devoted to	Inspection	.....	17	Total	.....	243
	Treatment	.....	226			
3. Attendances made for treatment	.....	.....	.....	.....	.....	2,936
4. Fillings	Permanent Teeth	.....	786	Total	.....	1,013
	Temporary Teeth	.....	227			
5. Extractions	Permanent Teeth	.....	181	Total	.....	1,322
	Temporary Teeth	.....	1,141			
6. Administrations of general anæsthetics for extractions	.....	.....	.....	.....	.....	nil
7. Other operations	Permanent Teeth	.....	361	Total	.....	448
	Temporary Teeth	.....	87			

## GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

1. Average number of visits per School made during the year by the School Nurses	.....	.....	.....	5.3
2. Total number of examinations of children in the Schools by the School Nurses	.....	.....	.....	12,460
3. Number of individual children found unclean	.....	.....	.....	157
4. Number of children cleansed under arrangements made by the Local Education Authority	.....	.....	.....	nil
5. Number of cases in which legal proceedings were taken:				
(a) Under the Education Act, 1921	.....	.....	.....	nil
(b) Under School Attendance Bye-Laws	.....	.....	.....	nil











